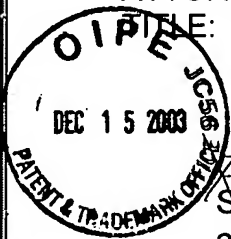


ATTORNEY DOCKET NO: NORTE-505A

FILE: CONFORMAL AIRLINER DEFENSE (CAD) SYSTEM



Certificat of Mailing under 37 CFR 1.8 or 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Mail Stop MISSING PARTS
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on December 10, 2003

(Signature)

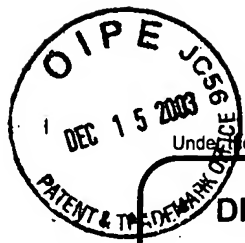
A handwritten signature, appearing to be "Dawn A. Sacks", written over a horizontal line.

Dawn A. Sacks

(Typed name of person signing certificate)

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

1. Notice of Missing Parts;
2. Declaration (of 5 pages);
3. Associate Power of Attorney;
4. Fee Transmittal (in duplicate);
5. Check for \$130.00;
6. Transmittal Form;
7. Notification of Change in Small Entity Status;
8. Certificate of Mailing; and
9. Return Postcard.



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing OR ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	NORTE-505A	
First Named Inventor	James E. Ackleson	
COMPLETE IF KNOWN		
Application Number	10 /	624,784
Filing Date	07/22/2003	
Art Unit		
Examiner Name		

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CONFORMAL AIRLINER DEFENSE (CAD) SYSTEM

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 07/22/2003 as United States Application Number or PCT International

Application Number 10/624,784 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

**DECLARATION — Utility or Design Patent Application**Direct all correspondence to: ☒ Customer Number or Bar Code Label ☐ OR ☐ Correspondence address belowName **Bruce B. Brunda**
STETINA BRUNDA GARRED & BRUCKERAddress **75 Enterprise, Suite 250**City **Aliso Viejo** State **CA** ZIP **92656**Country **USA** Telephone **(949) 855-1246** Fax **(949) 855-6371**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: ☐ A petition has been filed for this unsigned inventorGiven Name
(first and middle [if any]) **James E.**Family Name
or Surname **Ackleson**Inventor's
Signature Date **7/30/03**Residence: City **Palatine** State **IL** Country **USA** Citizenship **USA**Mailing Address **454 South Whitehall Drive**City **Palatine** State **IL** ZIP **60067** Country **USA**NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventorGiven Name
(first and middle [if any]) **Michael A.**Family Name
or Surname **Guy**Inventor's
Signature

Date

Residence: City **McHenry** State **IL** Country **USA** Citizenship **USA**Mailing Address **2007 Pebble Drive**City **McHenry** State **IL** ZIP **60051** Country **USA**☒ Additional inventors are being named on the ____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.



DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label		OR <input type="checkbox"/> Correspondence address below	
Name Bruce B. Brunda STETINA BRUNDA GARRED & BRUCKER			
Address 75 Enterprise, Suite 250			
City Aliso Viejo		State CA	ZIP 92656
Country USA	Telephone (949) 855-1246		Fax (949) 855-6371
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR :		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) James E.		Family Name or Surname Ackleson	
Inventor's Signature			Date
Residence: City Palatine	State IL	Country USA	Citizenship USA
Mailing Address 454 South Whitehall Drive			
City Palatine	State IL	ZIP 60067	Country USA
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Michael A.		Family Name or Surname Guy	
Inventor's Signature <i>Michael A. Guy</i>			Date July 30, 2003
Residence: City McHenry	State IL	Country USA	Citizenship USA
Mailing Address 2007 Pebble Drive			
City McHenry	State IL	ZIP 60051	Country USA
<input checked="" type="checkbox"/> Additional inventors are being named on the ____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.			



Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (11-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Robert A.		Hale	
Inventor's Signature <i>Robert A. Hale</i>		Date <u>28 JUL 2003</u>	
Residence: City <u>Ellicott City</u>	State <u>MD</u>	Country <u>USA</u>	Citizenship <u>USA</u>
Mailing Address <u>ILCHESTER</u> <u>4635 Ilchester Road</u> <i>(RAH)</i>			
Mailing Address			
City <u>Ellicott City</u>	State <u>MD</u>	ZIP <u>21043</u>	Country <u>USA</u>
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Jeffrey A.		Plebanski	
Inventor's Signature		Date	
Residence: City <u>McHenry</u>	State <u>IL</u>	Country <u>USA</u>	Citizenship <u>USA</u>
Mailing Address <u>206 Highbridge Trail</u>			
Mailing Address			
City <u>McHenry</u>	State <u>IL</u>	ZIP <u>60050</u>	Country <u>USA</u>
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	Stat	ZIP	C untry

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (11-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Robert A.		Hale	
Inventor's Signature		Date	
Residence: City Ellicott City		State MD	Country USA
Citizenship USA			
Mailing Address 4635 Llcchester Road			
Mailing Address			
City Ellicott City		State MD	ZIP 21043
Country USA			
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Jeffrey A.		Plebanski	
Inventor's Signature		Date 7-26-03	
Residence: City McHenry		State IL	Country USA
Citizenship USA			
Mailing Address 206 Highbridge Trail			
Mailing Address			
City McHenry		State IL	ZIP 60050
Country USA			
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inv ntor's Signature		Date	
Residence: City		State	Country
Citizenship			
Mailing Address			
Mailing Address			
City		State	ZIP
Country			

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.